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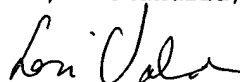


02570 U.S. PTO

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FILING WITHOUT EXECUTED DECLARATION - 37 CFR 1.53(f)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. 04193/RSB

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s):

Rainer FACKERT

Residence (City & Country)

Grabenstrasse 5
56584 Meinborn
Germany

Title: METHOD AND DEVICE FOR THE GEOMETRICAL MEASUREMENT
OF A MATERIAL STRIP

Priority Claim (35 U.S.C. 119) is made, based upon:

German Patent Application No. 103 12 535.3-52 filed March 20, 2003.

ASSIGNMENT INFORMATION FOR PUBLICATION: IMS Messsysteme GmbH
Dieselstraße 55
42579 Heiligenhaus
Germany

Enclosed herewith are:

- ☒ Specification (Description, Claims, Abstract): 27 Pages; Number of claims 1 - 21
- ☒ TO BE POST-FILED: SIGNED DECLARATION
- ☒ 5 Sheets of drawings, Figures 1 - 8 ☒ Formal ☐ Informal
- ☒ Preliminary Amendment
- ☒ Change of Correspondence Address (Form PTO/SB/122)
- ☒ Receipt Postcard

	Number Filed			Number Extra	Rate	Calculations
Total Claims	<u>21</u>	-20	=	<u>1</u>	x \$18.00 =	\$ <u>18.00</u>
Independent Claims	<u> </u>	- 3	=	<u> </u>	x \$86.00 =	\$ <u>--</u>
MULTIPLE DEPENDENT CLAIMS					+ \$290.00 =	\$ <u>--</u>
ASSIGNMENT RECORDING FEE					BASIC FEE	\$ 770.00
						\$ <u>--</u>
Total of above Calculations						\$ <u>788.00</u>

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FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: 
RICHARD S. BARTH - Reg. No. 28,280

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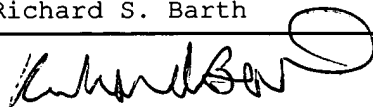
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☐ Applicant/Inventor.☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☐ Attorney or Agent of record.☒ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 28,180.Typed or Printed
Name

Richard S. Barth

Signature



Date

March 22, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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